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EDITORIAL COMMENT

One of the unique characteristics of the school social worker's role is the legal aspect of the setting in which he practices. As a representative of the public school, he must take into consideration the compulsory nature of the setting, and must accept responsibility for using this authority in the spirit in which it was intended—as a constructive help to children. Miss Sikkema and Mr. Taber, in their articles, have approached this aspect of school social work in different ways. Both articles should be helpful to school social workers and to other school personnel.

The material in the papers read at the joint meeting of the National Association of School Social Workers and the American Association of Psychiatric Social Workers helps allay some of the frustration social workers and members of allied disciplines feel as they work together. This is a presentation of the advantages and disadvantages of various ways by which integration of the work of the clinic team with that of the school social worker is accomplished to be used by school personnel to further the growth of the child.

REMOVING THE CAUSES OF NON-ATTENDANCE AT SCHOOL[1]

MILDRED SIKKEMA, former Executive Secretary,
National Association of School Social Workers[2]

Our basic dilemma concerning non-attendance at school is clear and can be remedied. The dilemma stems from the fact that the spirit of the objective of legislation for compulsory school attendance was related to the right of educational opportunity for all children while methods of implementing legislation were different. The spirit of this objective of education in a democracy placed increased responsibility on the schools for modification of the school program according to the varied needs of children. All children do not learn the *same things,* nor can they learn the *same way,* nor at the *same speed.* Recognition of these variations and what they require in modification of the program presents the greatest challenge to education.

FROM AN ENFORCEMENT TO A DIAGNOSTIC APPROACH

However, our statutes and our methods of implementing compulsory school attendance legislation developed on the basis of enforcement rather than protection and opportunity. Within the school administration itself, the emphasis came to be on average daily attendance without much thoughtful investigation and understanding of the causes of non-attendance in school or of appropriate help to remedy the situation. Many of us are seeking more appropriate means to carry out the original spirit of the objective—to shift from the enforcement concept to a diagnostic "helping approach". We are more and more recognizing non-attendance in school as a symptom of social and emotional difficulty which requires a most skilled kind of help.

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[1] Reprint from the BALTIMORE BULLETIN OF EDUCATION, Sept.-Oct., 1952.

[2] Miss Mildred Sikkema, author of this article which was presented to the A. A. S. A. meeting in 1950, served as Supervisor of Visiting Teacher Service in the Division of Special Services during the school year 1951-1952. This article is, in my opinion, very representative of Miss Sikkema's philosophy which had a profound effect on our Division during the year in which she was with us. I believe the article will be of tremendous value to every member of the Baltimore Public School System.—Arthur Lichtenstein, Director of Special Services.

NON-ATTENDANCE—A SYMPTOM OF SOCIAL AND EMOTIONAL MALADJUSTMENT

In the last half century a number of related professional disciplines have been brought into use by the school—as represented by the doctor, the psychologist, the nurse, the psychiatrist, the social worker—to aid with health, educational, social, and emotional problems which interfere with a child's use of educational opportunity. These workers function usually as a part of special services in the public schools and are an *integral* part of the school. Why, then, does the *attendance* division remain separated today in so many places? Why is it not considered as important as any other supplementary service in the school? Why do we not have professionally skilled people working with the children whose symptom is non-attendance at a time when we have provided special aid for other symptoms? Non-attendance is one of our most serious symptoms of social and emotional maladjustment. When we look at the record, the situation is understandable. But we are faced with what seems to be a dilemma. How do we resolve it?

Accompanying the development of a concept is the development of an attitude. As a part of the enforcement concept there has emerged an attitude about non-attendance. There is the tendency to be resentful with the child and family who do not see education as a right and privilege. There is a tendency to want to punish people or to threaten them for this particular symptom of maladjustment. This attitude has, to some extent, become a part of the fabric of the school. The administrator, responsible for his school's record, wants high average daily attendance because it may mean more teachers. The teacher is busy and wants children to keep up with the whole group. Even our P. T. A.'s put on pressure for the sake of 100%! The non-attendant then becomes an obstacle and often an irritant. Dealing with these children as obstacles and irritants will not, however, achieve the high average daily attenddance. If we are concerned because children are not benefiting from school and are making it known through non-attendance, we will need to include in our attitude, first of all, some understanding and *acceptance* of the causes of non-attendance. This is easy to say, but social attitudes do not change easily.

Illness is responsible for much of the lawful non-attendance. The school has and is putting emphasis on health services to reduce this problem as is the community.

CAUSES OF UNLAWFUL ABSENCES

In this paper, attention will be given to *unlawful* absence. Even a cursory examination of causes of truancy show that they are multiple and complex. There are on the one hand the causes embodied in the wide sociological base which includes our concern with environmental and community improvement. On this wide base, the school is involved with the education of parents who may not be interested in education for their children, with for instance the seasonal crop farmer who may feel he needs the children at home during certain times to plant or harvest his crop. I talked recently with a P. T. A. group which was struggling with migrant labor parents who saw no reason for their children to attend school regularly or even at all! I learned that this particular community depends on and desires to have migrant labor groups for one period of the year and then, when the work is completed, asks that they leave the community. No provision is made for them to have space on which to live, and of course there are no facilities. They are forced to remain, then, on the perimeter of the community with no transportation or other services which help people to build family life. It was hard for this P. T. A. group to see that putting on an old dress and calling on these families in an attempt to interest them in sending their children to school could not possibly have any meaning to them.

It will take time and a fundamental change of attitude for the P. T. A. group and other groups in that and in all communities as well as the school to understand and *accept* the dignity and integrity of the individual as a human being. Along with the desire for his services must go our *belief* in him as a human being, and our willingness to act in extending to him the same opportunities which are available to other members of the community. Only then can he begin to feel that others place value on him; only then can he begin to feel any value in himself and to place any value on his children as persons. Only after all this, can come the parents' desire to have them in school. Are we willing? And are we willing, after we have found our way, to wait for others to grow? Growth is a process. It cannot happen just because we want better attendance. The school and the community will need to work together to achieve this broad objective.

ROOTS OF TRUANCY

More specifically the roots of truancy lie in the school, the child's home, or in the child himself. There is no one cause for each child, but

rather a combination of many. They may be so interrelated that we cannot easily identify each factor, but we can understand why he now needs help. I believe we need a systematic casework program to understand causes and to provide means to help children make a satisfactory use of school. The original cause of non-attendance may have been in one area, but we may find the child at a time when his problem has really become something else, and we will work with him where he is.

. . . "when things are hard to face"

Harry had been out of school for the last six months intermittently. For a long time he had not worked up to his ability; he seemed to feel picked on by children and was frequently in quarrels. When he could trust the school case worker enough to talk with her (and it wasn't the first time he saw her) he said that his mother had been able to buy him only overalls to wear to school and that his shoes had been in such bad shape he couldn't face going to school. So he had stayed away more and more often. When there was something hard he didn't go. Finally he was staying away *from home,* too, when things were hard to face there.

If Harry was to be helped, it was necessary for the school social worker to have the training and skill to know that Harry's behavior at the present time had become a part of the way he felt about himself and that just a provision for clothing will not help him. The worker had to know how to help him find what strengths he had, help him to feel differently about himself before he could come back to school at all. The school administrator and the teacher had to understand and accept that his attendance would be spotty and that he might have relapses; to see and believe in his growth and his strength, to know that he might upset the lesson plan for a time—and to believe that the quality of the pupil-teacher relationship would have a direct bearing on how rapidly Harry could grow to feel he had value as a person, and would be directly related to his interest in learning. "If I had had more time—if I had known him better" will not put stars in our souls.

* * * *

. . . "a teacher had told Sara she was dumb"

Two years ago a teacher had told Sara she was dumb. Sara had been worrying about this and had stopped trying. Sara had no friends, did not talk to people, avoided talking with teachers, and was failing. For some time she had not been coming to school regularly. The teacher had said she couldn't ever learn arithmetic and she hadn't, but worse than that, she had lost interest. Removing the causes of Sara's non-attendance, which had now become a part of Sara, involved understanding what her symptoms meant to her and providing a kind of help which she could use to feel differently about her value as a person.

. . . "unable to establish a stable and warm relationship with any other person"

Merle came to school in spurts. He would attend regularly for three weeks and then be out for three days. At times he was likeable, and got along well. At other times he was defiant, aggressive, and such a nuisance that teachers did not want him in their classes. At the slighest indication of limits or routine or authority Merle would flare up and hit back at the school by getting into trouble with a teacher or by not coming to school for awhile, or by coming late every day. When he attended, he made passing grades. In all of his life Merle had never been able to develop a stable and warm relationship with any other person, parent or child. Had anyone offered this, and some teachers did, he could not respond and use it but could only react by pulling away and being difficult. Merle's was a problem of long standing having many causes—we saw a boy who had not been able to grow and who was trying to live and act as a very small child. A skilled case worker worked with Merle regularly for two years. At the same time she maintained regular conferences with both principal and teachers. He became one of the outstanding youngsters in his school.

These same symptoms in another child might mean something quite different.

* * * *

. . . "lacking in experiences which are normal for growing children"

Janice was eleven, severely crippled, and a child who had never attended school. Through the crippled children's program in the school it was learned that Janice could have help for this condition and arrangements could be made for her to attend school. The school could not understand why both Janice and her mother refused to go for treatment when told of the possibility of help. Janice had had few of the experiences which are normal for children as they grow up, and anything that demanded participation from her made her very fearful. She did not have in herself any of the richness and strength which come from living. She had nothing on which to draw for strength even to accept treatment for this condition. It might take both Janice and her mother some months with regular individual help before this step could be accomplished with them.

* * * *

These illustrations point out various types of symptoms in non-attendance which had their causes in the school, in the home, and in the child. It requires trained personnel to understand different meanings of similar symptoms and understand from what causes the symptoms grew. It requires trained personnel to know how to use this understanding to help each child reach the point of being able to use the class experience. Any program for helping these children must take all of this into account. Unless we do have an adequate professional service—people who have knowledge and understanding and have learned certain skills in helping people on an individual basis—we will have little abiding change in non-attendance figures.

TEAM WORK REQUIRED TO IMPROVE ATTENDANCE

In discussing causes and symptoms which determine unlawful non-attendance, I have already touched on how we work to remove them. Or, let us say it another way—how do we help children to benefit from school? Modifying the causative factors contributing to non-attendance is a joint responsibility of all school personnel—school administrator, teacher, curriculum supervisor, nurse, educational counselor, psychologist, school social worker, and/or attendance worker.

The school administrator should want to work toward modification in the quality and type of the school program in an effort to meet the basic needs and abilities of all children; to study the relationship between school failure and absence; he should want to consider school size and class size in relation to attendance; the effect of early departmentalization on school attendance. Of vital concern to him should be an understanding of his teachers' attitudes regarding their responsibility as teachers of children.

The school administrator is responsible also for establishing as rapidly as possible a sound type of supplementary service which includes work with attendance problems—with personnel professionally qualified to give individual help to those children who need it and to supplement the work of the teacher and others in the school. We will leave details of this for a moment and consider the teacher's part in the joint school responsibility for removing causes of non-attendance.

The teacher is the heart of the educational process. Her primary responsibility is to bring about each pupil's maximum growth through developing a sound program for the class group. The teacher helps the pupil to become responsible for his work. She represents a unique kind of help to him. The teacher who understands her own attitudes and motivations understands those of others; the teacher who appreciates emotional interaction and understands the professional use of herself in a pupil-teacher relationship can create for children through a sound class program an opportunity for experiences in which children participate, learn to evaluate themselves, develop inner strengths and capacities. She knows when to talk, what to say, and how to say it, in order that the pupil will have the necessary leadership, stimulation, cooperative effort, and even necessary limitations to help him think, to express his beliefs, to make decisions, to accept the consequences of those decisions.

The teacher is responsible for knowing when and which children are not able to use the classroom program. I believe she is responsible

for knowing this long before symptoms of truancy appear. The recently published study on early school leavers[3] asked for the judgment of teachers on some of the characteristics of this group. Most of us associate with maladjustment such symptoms as: "unhappy, causes trouble, secretive or seclusive, too aggressive, sullen and resentful, or immature." The early school leaver, according to the judgment of the teachers, did not exhibit these characteristics to any great extent. The teachers stated that early school leavers showed such characteristics as: "lack of initiative, lack of self-confidence, attendance problems, lack of skill in tool subjects, poor study habits, were not interested in school, and were irresponsible." Does this imply that because these children do not present definite overt difficulty the characteristics of their maladjustment are being overlooked by teachers? Actually, *lack of initiative, lack of self-confidence, irresponsibility, poor study habits, not interested in school, and attendance problems* all indicate serious symptoms of maladjustments. They indicate that the child is not really entering into a participating living experience in the classroom.

The teacher has responsibility to bring to the attention of the administrator and all other school personnel, significant factors concerning children's use of the school as they relate to total school planning. I am convinced that the teacher is also truly responsible for referring to appropriate sources of help in the school those children who are not using the classroom experience. Special services have been made a part of the school because they bring additional and different knowledge and skill which supplement the basic and integrating function of the teacher. The teacher and worker from a special service will share responsibility for the time being, each using his particular competence to enable a child to get along without special help.

Another objective of the school in removing causes of illegal nonattendance already mentioned is the provision for a supplementary service given by qualified workers whose professional competence is appropriate for this particular kind of service. Such a service excludes a routine checking on absences since that can be done more economically by a clerical staff. A recent study of the New York City Bureau of Attendance pointed out that two-thirds of the absences reported to the Bureau proved on investigation to be lawful.[4] Surely such a finding indicates

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[3] Harold J. Dillon, *Early School Leavers,* National Child Labor Committee, New York, N. Y., 1949.

[4] *Children Absent From School.* Citizens Committee on Children of New York City, Inc., 1949.

a need for re-evaluating the effectiveness as well as the cost of the enforcement and checking methods of implementing compulsory school attendance.

Untrained, but alert and sincere groups of attendance workers who know from experience that enforcement is not effective, ask regularly these questions: (1) What can we do, what can be done, to help teachers and school administrators know that if children could be referred at first signs of difficulty which long precede truancy, it would be possible to help many of them? (2) How can we help school administrators and teachers understand that we need a different kind of training and that we do need training, in order to know how to help children and their families and the school? (3) What kind of training would serve us best? (4) How can we then get salaries which are commensurate with the training needed and with the contribution we could make to the school? (5) Why does the school not see us as an integral part of the program? Sometimes attendance workers are not really free to work with teachers in the way they should—they are not considered a part of faculty meetings and faculty committees. As one group put it—"We have no real status in the school and therefore no place. Without that, and without necessary training, we cannot make a worthwhile contribution."

In an intermediate school of 2,200 in which non-attendance was a severe problem, with the leadership of the administration, we stopped routine investigations. Daily absence lists were made up by a clerk. The school case worker determined which children she felt were having problems about attending school. Within three weeks after school opened she knew accuratey which these children were by a mere glance at the sheet. A three-year casework program in that school practically wiped out the illegal attendance problem. Involved, in addition to individual casework service to children was a great deal of work with teachers in understanding children, and with the administration in curriculum planning for modification in the total school program. Work with the parents brought a new and different attitude through the whole community of parents. They learned that the school was really interested in them and in their children.

It is my conviction that as of the present time the most appropriate training for this work is training in social casework in a school of social work. We will not all agree with this. Even if we did it would not be possible to provide adequate numbers of such personnel today. We will want to study carefully the results obtained in programs using people so

trained. We need to establish, as rapidly as possible, a professional service if we are sincerely concerned with removing causes of non-attendance in school. Ways and means of training personnel must be studied and planned for both the present and the long range objective.

There is not time today to consider the essential factors important in administration of such service. Some suggestions can be made. An "on-call" service, with the worker keeping office schedule in a central administration building and going to a school when he has a call, is wasteful. A regular scheduled service, no matter how limited the amount of time is per school, is far more effective. For the rural and one-room teacher the opportunity to share her responsibilities and problems *regularly* will come to be valued. In urban schools and rural schools of more than one room, regular scheduling and some physical facilities for the use of the worker such as a place to talk alone with children, teachers, parents, will be important if the service makes its maximum contribution to the purpose of the school.

The place of the service in the organizational structure of the school is important. Provision for a qualified consultant or supervisor for city systems, as well as rural systems, needs consideration. It is more effective to have a person give full time to the service, and serve half-time for each two districts than to give one-half time to this service and one-half to some other job in the school. Plans for an adequate staff will include both decision as to how most effectively to use present staff, if it is not adequate in size, and determination of a long range objective.

Obviously, I believe the attendance service is an integral part of a much broader preventive mental health service—that offered by the social case work approach of the school social worker. Waiting until the child is truanting is for most children very late. Investment of time and money necessary to help them is greater and percentage of success is reduced.

In a democracy "the principles of modern education are identical with the principles of mental health."[5]

We are ready, perhaps now, to be finished with *measuring* attendance—ready to work on equating attendance with the child's use in school.

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[5] *The School Health Program.* New York State Regents Inquiry, 1938, pp. 22-43.

CHILDREN CAUGHT IN CROSS-CURRENTS [1]

The Rights and Responsibilities of Children and Parents

ROBERT C. TABER, Director, Division of Pupil Personnel and Counseling
Philadelphia Public Schools

Children have a right to a home characterized by love and security, to medical services that assure good health, and to a dynamic and enriched program which insures a sound education and adequate recreation. However, we have tended to deemphasize that children also have responsibilities: to obey and respect their parents, to be law-abiding, and to foster their health and education. As a consequence, we as parents and educators are partially responsible for the marked increase of emotional disturbances and delinquency. Children are in part victims of cross-currents between home and school and our vacillation and lack of firmness in holding children accountable for their actions. In so doing, we have done a disservice to children, and to communities throughout the Nation as well.

Although as parents and educators we have made valiant efforts to help children achieve emotional maturity and a sense of responsibility, we have only to look at a few sobering facts to appreciate the distance we have yet to go. A Nation-wide report reveals that juvenile delinquency is again on the upsurge, having increased by 17% during the past year. As startling as this increase may be, less than two per cent of children of Juvenile Court age are arrested each year. The following facts are even more alarming: it is estimated that one out of twenty, or five per cent of our population in the United States will spend some time in a mental hospital; that one baby out of twelve births, or eight per cent, is born out of wedlock; that one out of ten will suffer from some form of mental breakdown; that the divorce rate during the war years reached a peak of one divorce for every three marriages, or approximately 33%. All of these are symptoms of tension, of inability to give and take, of disrespect for law and order and the rights of others, and a lack of inner security. It is only as we understand and grapple with these basic causes that we

[1] Presented at the Thirty-ninth Annual Conference of the *National League to Promote School Attendance,* Washington, D. C., October 19-22, 1953.

can hope to make progress. The greatest task confronting both parents and teachers is developing ways in which we help children to be themselves and yet learn to live in harmony with others; to enable them to temper their own individual impulses and to learn to respect the rights of their fellows without unduly repressing their personal drives.

As parents, teachers, and community we share the guilt in our faltering approach. We tend to move to extremes—suppressive at one moment, permissive at another—rather than holding steadily to our purpose. The following are a few of the areas which we need to clarify and to bring into balance, if we are to help children become responsible:

1. We tend to rob children of their individuality, their most precious possession. We attempt to press them into a common mold, exhorting each to be an honor student, an athlete, an artist, and the like. Since few children enjoy a composite of all these talents, they develop a sense of uncertainity and frustration. We suffer from a compulsive and overwhelming desire to make them "normal", when as a matter of fact we need to raise the question, "Who are and what is normal?" We do not give adequate leeway for individual differences, with the result that too many gifted children coast on their laurels and do not work to capacity, and many mentally retarded children are over their depth. When differences in children are not understood and accepted, the child reacts by withdrawing into an unreal world of fantasy, or by rebelling. He is buffeted about by fear and guilt at one moment, and by defiance at another. We ask him not to be himself, but why he cannot be like his brother or his classmate. How in the face of all this can he learn to be at peace with himself? He tends to become two people, the one who conforms to please others; a second to satisfy his own desires. He is soon at odds with himself and those about him.

2. Although we recognize the importance of adapting an educational program to individual needs, we, the wealthiest of all nations, still have a tendency to provide education on a mass production and assembly line basis. Assembly line tactics are highly successful in industry, where parts can be standardized, but this same principle can never be applied successfully to children, each of whom is an individual different from every other. All too often, we are exposing boys and girls to very fine courses of study with the hope that they will take, whereas we should be engaging their whole personalities in vital experiences geared to their individual needs and abilities. In industry we can afford to reject the defects that come down the assembly line, but we

cannot afford to reject a single child no matter how limited or maladjusted.

Although educators have made marked progress in refining classroom situations in order that children may learn at their own pace and in accordance with their own ability, we still tend to set standards in terms of the average child. To fail a retarded child in a class geared to normal mentality is to frustrate him. To promote a child in regular grade when he falls far short of requirements is to give him a false sense of security—to lead him to believe that he is competing successfully with other children. To fail to challenge a gifted child to work to capacity is encouraging him to take the line of least resistance and to deprive ourselves of a potential leader. We are not helping children to adjust to life when we brush aside reality. A child finds himself as he gets to know and accept his limitations as well as his strengths. He should be made aware of them both as he proceeds through school, instead of leaving the rude awakening to the stringent requirements of college entrance or the exacting demands of a job.

Likewise, we tend to establish a code of behavior to which we expect the child to conform whether he comes from a family that enjoys harmonious relationships, creative interests, and love and affection, or comes from a home characterized by alcoholism, continuous family quarrels, separation of parents, and physical and emotional deprivation. Who are we to design such an inflexible blue print for living? How can we expect a child living under such a handicap to measure up to the child who has every advantage? Children must be held accountable, but we must expect a different level of response from children according to their background, training, and stage of development.

The Philadelphia school system devoted the entire day of October 12 to meetings of its 8,000 teachers and other personnel to discuss ways and means of promoting better citizenship. This initial meeting is but a beginning in a reemphasis upon sound discipline and respect for the rights and property of others.

3. We also have a tendency to sap the vigor of our children by substituting artificiality and inflexibility for vital experiences. As parents and teachers we err in giving them too little choice in their courses of study, their careers, and their companions. We are likely to run the gamut from sternness and inflexibility to coddling and over-indul-

gence. We underestimate what young people can do when they are dynamically motivated—witness the drug-store cowboys and the hot-rodders who demonstrated they could rise to the occasion in the armed services. We do not toughen the fiber and at the same time mellow the temperament of our children if we protect them from the necessity of struggling with their own decisions and settling their own problems. How can a child establish his independence if he is not permitted to try out his own strength, at times burning his fingers in the process? Smaller classes and greater informality are essential if children are to learn to live together, to find themselves in terms of what they can and cannot do and still maintain the respect of their classmates. Children should be given increasing freedom, but only as they demonstrate their readiness to take responsibility for it. We do an injustice to them when we suppress them up to a certain age and then suddenly set them free before they have learned how to handle themselves responsibly.

4. Our confusion and vacillation over discipline are contagious to children. We rely too strongly upon indoctrination and exhortation, rather than upon clarity, steadiness, and firmness in handling day-to-day behavior problems. At one time we are lenient, and another time we are stern. If we take a look at ourselves as parents, we see our own vacillation when we find that we end up by mowing the lawn or doing the dishes ourselves rather than persisting with our children. As teachers, if we take inventory we find that often we use threats that are never carried out, and which leave the child bewildered or with the sense that he can get away with his infractions.

   We need to establish standards, but with an element of choice for the child. For example, that he be permitted to watch television provided he gets his homework finished; or that the teacher gives him special privilege not determined by the mood of the teacher but by the child's demonstrating that he has earned the privilege. It becomes a matter of balance in holding firm to major controls but relaxing on minor ones in order that we help children to develop inner discipline —to learn to put on their own brakes. A marked difference in the handling of discipline between the home and the school can likewise be very confusing. Too many children get credit for virtue when they have no impulse within themselves to rebel, with the result that an anemic personality can be unduly commended for his behavior, whereas a red-blooded child may be unduly reprimanded for his.

5. Despite the strides which have been made in developing effective

parent-teacher associations, there are still too many schools in which parents and teachers have only a restrained or nodding acquaintance. The child whose parent is hypercritical of the school in his presence is distrustful of his whole school experience. The teacher who openly blames parents sets into motion doubts on the part of the child about his parents. Parents and teachers need to understand and support each other in the joint venture as partners in education, if children are to have a good experience and to develop a sense of confidence and belonging.

The Vital Role of Attendance Workers

As attendance workers, we occupy a strategic position in helping children who are at odds with themselves and with law and order to learn to respect authority rather than resisting it. Attendance service was once characterized by the "iron fist", and the major purpose of the worker was to get a child back into school, with little concern for the reasons for absence. Today, we recognize truancy as a symptom of maladjustment, and we search beneath the surface for underlying causes.

Our Constructive Use of Authority

The attendance officer differs from the school counselor,[2] psychologist, and nurse in that he is entrusted by law with the responsibility to enforce compulsory school attendance and child labor laws. He possesses authority which in skilful hands can serve as a dynamic factor in sharpening the problem and the necessity of a child and his parents coming to grips with it. Authority, however, when used as a high-pressure tactic without great sensitivity can do irreparable damage by accentuating the child's emotional disturbance. If he is confronted by a big stick, he will put up his mitts in self-defense, and the relationship with the attendance officer becomes a battle of wits.

Many children and parents employ delaying tactics which can be stopped only by using the sharp instrument of authority in a constructive manner, as demonstrated by the following case:

JERRY had been a runaway, a chronic truant, and was involved in several thefts. His mother used a series of doctor's certificates to protect him. She was a highly nervous person and would keep Jerry home to take care of her. The attendance officer advised the parents that it would be necessary to refer the case to the Juvenile Court. A petition was filed requesting a complete physical, psychological, and psychiatric examination, and recommending foster home placement. The parents, who had seemed unconcerned about the referral to court,

suddenly exerted themselves when the probation officer began his investigation. The father, who had been ineffectual, brought Jerry to school, took him into the classroom bodily and remained the entire day to make certain he would not run off. Jerry realized he meant business.

Upon Jerry's return to school, the counselor[2] also participated by seeing the mother weekly until her fears and bitter resentment gave way to friendly cooperation. She was proud of Jerry's change, and no longer complained of being ill. He entered outdoor sports like other boys; and his present teacher, five years later, stated that he was her outstanding pupil with an almost perfect record of attendance.

Jerry, if his mother had persisted in nursing her own troubles by keeping him at home and drawing him into her web of neurotic complaints, might well have developed a chronic delinquent and irresponsbile pattern of behavior. His mother succeeded for a time in evading the issue by meeting the legal requirement of producing a medical certificate. When she could no longer do this and was confronted with the chance that Jerry might be removed from the home, the whole family pulled itself together. Jerry, who had been free of taking any responsibility for himself, would have found it difficult to adjust to school, but an understanding attendance officer and counselor helped ease him into the school program upon his return.

The case of Jerry illustrates that the relation with the attendance officer serves as a kind of testing ground for both the child and his parents. Jerry and his parents resisted the law by evasion and subterfuge. No child could develop a sense of responsibility in such a family situation. It was only when the freedom of all three was threatened that they faced reality. It took a severe jolt to bring them to the realization that they faced the heavy penalty of institutional placement if they continued to evade.

A Sensitive Approach

Both parents and children have a right to our respect and a thoughtful approach when we confer with them. We often meet the child when he feels aggrieved, and it is a temptation for us to gloss over the issue and make everything sweetness and light. Whether a grievance is valid or a figment of the imagination, it is best to get it out in the open. To gloss over a grievance is as dangerous as binding a festering wound without draining the infection. Full discussion should be encouraged even if it is likely to result in an explosive reaction. The parents' or child's fury often dissipates itself in the very telling. He feels better for having gotten it off his chest; otherwise, it remains bottled up for future outburst.

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[2] *Counselor* is the term used to designate the *school social worker* in Philadelphia.

Individuals who are most uncertain of themselves tend to fear tension and attempt to shut off heated conversation because they are fearful of the interview getting out of hand. It is a mark of maturity and self-confidence to be able to listen to criticism without becoming defensive. It defeats our own purpose when we become defensive.

Empathy, that ability to put ourselves in the "other person's shoes," is basic to good interviewing. Empathy is different from sympathy, which connotes pity. It is important that we have a feeling for the distraught wife whose alcoholic husband drinks up his wages, or for the mother of a retarded or physically handicapped child who instinctually reaches out to defend him at all costs. Unless we understand that a mother will stubbornly deny her child is different and can appear to be blind in her instinctual drive to protect the child, we fail to see that beneath this veneer there is often heart-sick frustration and anxiety.

We all tend to view life in terms of our cultural background, attitudes, and social values. Only as we respect the right of others to hold differing values can we be en rapport with them. Failing this, we create a barrier to mutuality of understanding, and leave the parent or child bewildered or irate.

We should assume an attitude of "innocent until proven guilty". There is a sinister development, both national and local, to jump at conclusions without benefit of facts, to insinuate guilt before the circumstances are investigated. As school personnel, we shall always be confronted with the disagreeable tasks of handling the forged birth certificate or excuse note, or alleged delinquency. We cannot avoid the responsibility of investigation but we can safeguard the rights of the individual by maintaining a dignity and finese in our approach, and by being certain of our facts. The old adage that there are always two sides of a story should permeate our thinking and feeling. Nothing violates our sense of dignity and can be more humiliating than being accused without foundation. In our American democracy everyone is entitled to "his day in Court". We do irreparable damage when we ride rough-shod over the other person's rights. In doing so, we can actually block the learning process. The pupil who harbors a resentment is in no mood to learn. If the parent shares this resentment with the child, the pupil will be aided and abetted in his hostility.

Not only can we block the learning process, but we can distort it. A child who feels his rights have been violated may develop a vengeful

pattern which will color his behavior for the remainder of his life. He may become tomorrow's sadistic leader.

A deep and abiding respect for the other person is paramount. Few parents receive the visit of the attendance officer with a sense of ease. No matter whether they are in a turbulent or a fearful mood, we can be sure that the parent is seeking something. His child, no matter how unattractive or ornery, is of his own flesh and blood. When we are critical of the child, we are at the same time being critical of the parent.

The interview characterized by a dynamic spark, in contrast to a flat lifeless quality, calls for more than academic skills. Only in a spirit of humility combined with warmth, understanding, and patience can we reach out effectively to him who seeks.

Professional Competency

Parents and children have a right to expect professional competency on our part. It is our responsibility to continuously strive to sharpen our skills and insights by refresher courses and in-service training, and by raising standards of new appointments to the attendance staff, with greater emphasis upon the understanding of personality behavior and the social casework process.

The Use of All Resources

Parents and children likewise have a right to the full and effective use of resources at our command, both in the school and in the community. For instance, the school-work program has proved to be a vital resource for the child who is obliged to drop out of school by reason of extenuating circumstances, or for the child who is work-motivated rather than academic-minded.

JOHN, a 16-year-old, had a very poor record of attendance during his tenth year in school. The mother worked and found it very difficult to correct the boy's irresponsible attitude toward school. The case reached the stage where it seemed necessary to send the mother to court, but the school was reluctant to do this. It was suggested that the boy had good ability, was very active, and that he might profit by having a job. He was admitted to the Work-Experience Program conditionally. From the time he started to work, his attendance has been almost perfect and he has appeared at school on some days when his absence for illness would have been justified. The teacher attributes his change in attitude largely to the fact that he now is kept very busy and always has something which challenges him.

MARIE, a foreign-born adolescent girl, who at 15 was placed in the ninth grade of a junior high school, exhibited signs of anxiety because of the financial

picture at home. Marie is very mature physically and a bright youngster. She had planned to drop out of school the next term and go to work in order to contribute to the family finances. She told all this to the counselor, who referred her to the teacher in charge of the Work-Experience class. Marie was placed in the class, and assigned work at a department store. As a result of this, she changed her plans and went on to senior high school, where she is still continuing today in the 11th grade. She still has her part-time job, because arrangements were made between junior high and senior high school for her to continue in the program. A needless drop-out was thereby saved.

We are responsible for using fully psychiatric clinics, protective agencies, family service and the myriad health and welfare resources. Of particular importance is our relationship with the Juvenile Court, which serves as our resource for the neglected or delinquent child who does not respond to the usual methods of helping. Unless the Court has professionally competent personnel, is understanding and judicious in its approach, and prompt in its handling of cases, the efforts of the schools and attendance workers can be stymied. We are dependent on the Juvenile Court to undergird our handling of discipline. If, when all other measures fail, the Court is not ready to receive the child, the continuity of approach is broken and the child believes the law to be ineffectual.

Interpreting Our Experience to Policy-makers

By virtue of our vantage point in working with children who are caught in cross-currents, we see things in a different perspective than do other personnel. It therefore becomes our responsibility to interpret our experience to the policy-makers, to point out the value of a school-work program for a child who finds school without challenge, to press for smaller classes and greater refinement of groupings in classroom instruction to meet the different needs of children, to indicate the need for greater flexibility in changing rosters for children who are found to be misfits, to promote the greater use of the project method as a means of involving the total personality of the child in the educational process, to help teachers realize how rugged and handicapped some children's lives can be, to interpret the need of the additional special services of the counselor, psychologist, and psychiatrist in order to provide the individualization which is needed if children are to be helped to emotional and social maturity, to develop a firm approach to discipline with continuity.

We all recognize that children have a right to a sound education, but at times it seems to be no one's direct responsibility. In the face of the rise in delinquency and vandalism, it becomes our responsibility to

press for an enriched educational program. The disruption of the war years, the mushrooming of small towns around defense industry, and the acute shortage of teachers will make our problem increasingly difficult.

There is no room for destructive critics or silent partners in this joint venture of education. We must unite our efforts and mobilize support to promote an educational program which will save children from becoming caught in cross-currents.

METHODS OF INTEGRATION BETWEEN THE CLINIC TEAM AND THE SCHOOL SOCIAL WORKER IN A VARIETY OF SETTINGS*

SOME ASPECTS OF THE INTEGRATION OF SCHOOL SOCIAL WORK INTO THE CLINIC TEAM OF A SCHOOL SYSTEM

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The most rewarding feature of social work in a child guidance team in a school system is the fact that psychological and psychiatric services can be offered to parents as part of the educational experience of their children. Many parents can take the first step toward using clinical help more easily when it comes to them as part of the growth experience of the child in school and is offered as one of the many new educational features they are beginning to take for granted. On the negative side, of course, there is the problem that parents may fear the authority of the school and connect clinical help with it. But this same problem arises, even if there is no school clinic, whenever a child is referred to a school social worker by a school rather than by the parent. It requires additional skill to help such a parent to accept his child's problem and to involve himself in working on it. After the social worker has obtained the parent's participation in working with her, however, the next step, that of working with the others on the clinic team if it becomes necessary, is easier. If a parent prefers service outside the school system, of course, the worker assists in arranging this. In fact, consultation service and steering to appropriate community agencies are as much part of the social worker's job in the Bureau of Child Guidance of the New York City Board of Education as of any other school social worker.

A definite advantage in having the clinical team right in the school system is its exposure to the teachers' problems. The team becomes in-

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timately aware of the day-to-day difficulties that the child presents in a school room. The school child guidance team cannot live in an ivory tower. If impractical recommendations are made they will boomerang. Not only is the child under the same educational roof as the clinic, but in New York State the law requires, with few exceptions, that he stay in school until he is seventeen or is graduated from high school. Since the school clinic staff must live with the child to a more intense degree than do the workers in a community clinic, there is a challenge to face realistically the needs of the other children and the reactions of other children's parents to our patient's behavior in the lunchroom and on the playground, and to be sensitive to the attitudes of school personnel. School clinics are thus less insulated against the reality situations of parent, child, and teacher, and they necessarily develop resourcefulness in ameliorating them.

In the Bureau of Child Guidance, the social worker is usually responsible for interpretation to teachers regarding children with whom the full clinical team is involved. When a psychological study only is made, the psychologist generally handles the discussion of it with teachers. The social worker is, in general, the medium for communication between the clinic team and the school, and its agent for handling feelings related to the child's difficult behavior should this become exacerbated during treatment. One of the advantages the clinic gives the worker in this phase of service carried by school social workers everywhere is that her influence is increased by the school's knowledge that she represents the psychiatrist's and the psychologist's thinking also.

A further advantage of having the team within the school setting is that all the disciplines become aware of the value of weighing fully the school behavior of the child and the understandings of the school staff along with other factors in arriving at their clinical evaluation. The child is understood as he functions in his school and neighborhood as well as at home. Throughout the contact, in fact, concurrent work with the school is used to fortify the direct treatment of the child and to provide avenues for him to use to the fullest his newly gained strengths. The psychologist in particular has an unusual opportunity to help the teacher utilize the ego-strengths of the child through the curriculum and through extracurricular activities and to influence the total curriculum and method of the school.

One characteristic of the teamwork within the Bureau of Child Guidance is that, with the psychiatrist and the psychologist available for

direct work with children, the social worker is most apt to be assigned the treatment of the mother. This may involve only as much as is necessary to keep the child in treatment, if the mother cannot involve herself further, or it may go on to any stage of intensity beyond it. In general, our social workers have the administrative management of all cases except those for which only a psychological examination is required. This involves, in addition to their own case material, recording staff conferences on cases, writing the official reports embodying the combined findings and recommendations of all the team members, making appointments for all, dealing with the school and the agencies involved, and writing the closing summaries. In addition to carrying in treatment the parents of children who are having psychiatric treatment, the social workers see many parents whose children are not seen by the rest of the team and carry parents preparatory to and after the child's treatment. This occasions a great deal more pressure on the social worker than there is on the rest of the team as it is at present set up.

To relieve this pressure, attempts have been made to interest certain parents in getting therapy for themselves elsewhere in those instances where psychiatric help seemed indicated and where it seems that the child's problem would yield easily if the parents obtained help. It has been our experience with many such referrals to hospital clinics, however, that the gain has not been the same as when the mother has remained in treatment with the school social worker. For one thing, referral may mean visits to two places for the family; also, it has seemed easier for many parents to enter into their problems if they began with the difficulty which brought them to the Bureau, namely, their relationship with the child. A different type of approach in the adult clinic may result in breaking contact, since the mother is not so well motivated. Furthermore, hospital clinics in New York City are overcrowded. Finally, some are combined neurological and psychiatric clinics with a good proportion of neuropsychiatrists on the staff. In most community child guidance clinics, cases are not accepted unless the child is taken into direct therapy. In the Bureau, with the schools' laments loud in our ears, some cases are carried by helping the child through work with the mother and with his teachers. Thus our social work staff has become very highly skilled in the treatment of parents around their relationship with their children.

An asset in having the full clinic team in the school system is that cultural factors become a routine part of the clinic's consideration. Our public school clinic sees children of all ages, from all cultures, and from

practically every economic level. This challenges the clinic team to distinguish between deviations from the familial relationship patterns considered normal to American culture and patterns that seem to be deviations but may be considered normal in some of our subcultures. In this area, as in others, each profession contributes to the growth of the other. Thus the social worker's traditional attention to the milieu in which the client lives, operating in a school system of great cultural diversity, makes a contribution to the knowledge of psychiatrists who subsequently go into private practice.

Still another value of having the whole team in the school system is that group teaching of mental hygiene as well as individual consultation to teachers has the benefit of the complete clinical approach. Thus, teachers and student teachers may learn the contribution of all these disciplines to the education of the child, and experience how the teacher herself becomes a part of the clinical team, in working with children being given clinic service.

Perhaps we should mention some minor interactions occurring in the full clinical team within the school system. One is the avoidance of representation of only one school of social work thought, either diagnostic or functional. In a public agency, the social workers come from all accredited schools, the psychiatrists from every school of psychoanalytic and non-psychoanalytic thought, and the psychologists from various universities; there is therefore a healthy interchange of thinking which prevents stereotypy in any of the disciplines. The presence of large numbers of psychologists on the staff (sixty-four psychologists to eighty-four social workers) with their interest in objective analysis and in research is also a valuable corrective to some social workers' less disciplined approach. On the other hand, the complexity of the social worker's interviewing skills opens up a new world to many psychologists who have previously worked alone in educational settings. The school psychologist is easily accessible to the social worker for children whose primary problem appears to be in the educational area. As the emotional roots are uncovered, these problems can be referred to the rest of the team. Special remedial work with organic cases which do not yield readily to the approach of a remedial reading teacher can be handled by the psychologists. The presence of physicians on the staff makes it easy to obtain the medical status of a child, when indicated. If these examinations are made by Board of Health physicians assigned to the Bureau instead of by our psychiatrists, there is a beneficial liaison between the physician and the psychiatrist.

At intake, the social worker has the benefit of conference with the other members of the team to determine suitability for the clinic, and their authority in helping her hold to this decision with the school. She is also relieved of much intake on educational problems by the psychological staff. The other side of this is that there are conflicts in the intake process because of the two different approaches. One of the distressing problems for the team is the fact that the psychologist finds cases in need of social service but cannot get it because the social worker's time is already committed to those cases she has accepted herself. We do not have a central intake in the Bureau other than the intake conference which is used in some of our units, because we feel that giving the workers direct access to their schools at all times helps them to serve the children better. Our aim is, so far as possible, to have the clinical unit service each area covered by an assistant superintendent. Such an area includes elementary, junior, and high schools. It is served by the unit through clinical work, cooperative relations with its agencies, and mental health teaching to its teachers and parents.

It is sometimes possible to offer our psychological and psychiatric service for children known to social agencies, if the agency supplies the social work service. Such cooperative service was, of course, initiated in the very earliest child guidance clinics. This conserves our social workers' time. It is also an excellent way of bridging the separation between schools and community agencies by helping the agency workers to integrate their efforts with those of the teachers through the medium of our cooperation.

The most obvious advantage of a school clinic over just a social work service, to the children and of course to the social worker, is the ability to carry through any phase of work with the child by a multi-discipline approach. There are a relatively small number of cases in which all the disciplines are involved in intensive work with the child all through the contact. However, because of the proximity of the other disciplines, there is opportunity for mutual consultation, support, and increase in objectivity—all much needed if the social workers who are active in the schools are not to be overwhelmed by the requests for service from 37,000 teachers or become overidentified with the teachers' attitudes and problems.

I can touch on only a few of the internal problems. It is inevitable that any set-up will have the defects of its virtues. Since the Bureau of Child Guidance is a clinic, it is primarily a medical rather than a social

agency. Though the social worker carries maximum administrative responsibility, final authority for the cases rests with the psychiatrist. Experience indicates that this emphasis might bear shifting in the direction of a less traditional concept of the team, a shift going on in other clinics also. While the social worker has the support of the psychiatrist in many decisions, she may also find herself at variance with the team in other cases. If she were a school social worker acting alone, she would have no conflict. Since she works with the team, she needs to resolve her own dilemmas before she can interpret the clinical findings and recommendations to the school staff clearly and with conviction. Another problem is posed by the fact that school personnel are apt to think no case is properly handled unless the psychiatrist himself is treating the child, even when he is advising the social worker on the case.

In regard to case management, incidentally, it is necessary to differentiate between the help given to the social worker by the social work supervisor and by the psychiatrist. Tact, clear determination of responsibility, and experience in working together are necessary ingredients to ensure that the supervisor is used to help work out typical casework situations, such as referral to other agencies, and to refine the worker's basic skills. The psychiatrist, on the other hand, is needed for clarifying the psychodynamics of patients, for understanding workers' motivations, and for refining their treatment skills. To insure clarity among the goals and modes of treatment suitable for each discipline; to build the social worker's treatment skills on a sound foundation of psychosocial diagnostic ability; and to preserve the social workers' interest in using all appropriate avenues of help for clients in addition to, or in lieu of, direct treatment, it has seemed best to have the worker's first recourse be to her supervisor and, if deemed necessary, to have psychiatric consultation available, with or without the supervisor present, after this step.

I do not think there is any one best way to meet the adjustment problems of school children. More depends upon the personalities of those involved and the availability of other community resources than on the particular administrative arrangements. However, I consider that in a large school system such as that of New York City, which serves nearly a million children and has insufficient help from community clinics, it is wise to sequester a certain amount of clinical service for children, both on a treatment basis and on a preventive basis, right where the children are and where the teachers can be helped to find them early. It seems wise to bring in the full resources of the clinic team for the mental hygiene education of teachers since next to parents, they are the

most important influence. When the tridiscipline approach is applied, it means that many educational problems and disabilities are recognized as having emotional roots. A school clinical service helps to give parents the idea that treatment of emotional difficulties is of equal importance with, and no more frightening than, treatment of physical and intellectual difficulties. It ensures that the child is viewed as a product of his total environment, and that his total environment is seen as replete with treatment resources above and beyond those which can be found within a clinic. It means that many children whose parents would of themselves never seek it, will get clinical help. It makes available a coordinated, interdisciplinary service to the common man's child in a way not yet generally obtained in the offices of private psychiatrists. To achieve such ends, the professional disciplines need to be very flexibly used and the arrangements objectively evaluated from time to time for necessary changes in structure or functions. The New York City Board of Education has committed itself to education of "the whole child" and of "all the children." If we remind ourselves that the school children of New York City are about equal in number to the whole population of Cleveland, perhaps we have the answer to the frequently posed question as to whether they need a full clinic service all to themselves.

THE ROLE OF THE CLINC SOCIAL WORKER IN RELATION TO THE SCHOOL CHILD

PHILIPPA EGGLESTON
Washburn Memorial Clinic, Minneapolis

Treatment in a child guidance clinic implies that we have concern about environmental influences in the child's life. The community clinic assumes some responsibility in relation to attitudes and planning affecting the welfare of all children in the community. If we subscribe to this philosophy we need a cooperative relationship with the schools.

We recognize certainly that school plays an important part in a child's development and that it provides both a challenge and an opportunity for him. There he is expected to acquire knowledge and skills and to learn conformity in many respects. In the process he is confronted with many demands in relationships. Normally, children have some difficulty in meeting this challenge. Through the school years they are going through processes of adjustment which, at best, place a degree of strain upon them, their teachers, and their parents. With the background of a reasonably satisfying and stable home experience, a child gains much

from the school by way of self-expression, establishment of controls, and development in attitudes. The effects of the home experience become apparent in the school situation, which in turn becomes fruitful for him somewhat in proportion to his previous or current experiences outside school. In addition, his special talents or disabilities will influence the extent to which he can use his school experiences. Where the child has been deprived in his basic physical needs, in his relationships, or in his habit training, his adjustment becomes increasingly precarious as he grows older and faces new demands. We do not feel defeated, however, in the situation of all children who have been deprived or traumatized. We have conviction that children are, by and large, flexible and can change somewhat as their environment is adjusted to their needs.

A modern philosophy of education presupposes the school's responsibility in adapting to the child. It provides rewards for the successful child and special consideration to the unsuccessful. The modern teacher has broadened her purpose and replaced the old, oversimplified approach to teaching and to discipline with an approach based on some understanding of the emotional and social needs of children. She has a social responsibility as a part of her teaching function. In order to utilize her talents and energies for all the children she teaches, she has to give special consideration to the child who is not keeping pace. In this we believe she needs the special services of other professions, including social work.

The degree to which individual schools or teachers have integrated modern broad concepts of education into their practice varies according to the personal qualities and experience of the teacher, and often in proportion to pressures imposed upon her. There are all degrees of flexibility on the part of the school personnel, influenced by these various factors, and thus many kinds of conditions under which our profession works with schools.

The Washburn Memorial Clinic in Minneapolis, a treatment center for children, is in a fortunate situation because of its relationship with the Minneapolis city schools. The school social workers have played an important part in making this possible. They work cooperatively with us in several ways: in work with the family or child preparatory to clinic treatment; in liaison between the school and the clinic; in extending supplementary or follow-up casework services. We often secure information about the child and his school situation early in our contact with him or his parents, sometimes as a part of the intake. We may consider this essential in a diagnostic process. After initial communica-

tion through the school social worker, or visiting teacher, as she may be called, we then consider any need for participation directly with other school personnel, usually principal and teacher. This is done on a selective basis. We have periodic conferences as needed. The school social worker remains in a liaison position, if not in some cooperative casework role with the child. We work together with these goals in mind: (1) improvement in our referral practices; (2) exchange in information for purposes of diagnosis and initial planning; (3) joint participation in treatment or long-range planning, to enable persons in the school to help the child during and after psychiatric treatment; (4) making the exchange of information and ideas about individual children in classroom situations a broadening experience for both school and clinic, thus as an influence in our future experience. Joint participation between clinic and school becomes an important part of psychiatric-social treatment of the child. As far as possible we encourage participation of all members of our clinic team—psychiatrist, psychologist, and social worker. Since the clinic social workers have a major intake responsibility they work with school social workers in most referrals. However, in the area of treatment other team members work with the schools also.

People who have worked with children realize that we need to be flexible in evaluating and treating their problems and assessing their potentialities. We see flexibility as essential to adequate diagnosis of children showing signs of disturbance in relation to themselves or others. We assess the child's functioning, in different areas, in the light of his capacities, past experience, current pressures felt and experienced by the child, and current strengths in his environment. We estimate the effects as well as the causes of his symptoms or behavior—what they mean to him and to others. We consider it difficult to judge how serious or how fixed is a child's disturbance, because we know how changeable he is in relation to his environment. Our expectations of school children in their typical phases of development are not set. Transition from one so-called "phase" of growth to another is characteristically uneven. The child's process of integration is not always progressive, for often regression follows progression or both take place at the same time in different areas of his personality. We cannot sharply delineate normality in children. Their growth and integration are so dependent upon the stability and flexibility and reality situations of the adults responsible for them.

The school is in the position of having to supply some of these strengths in adults on whom the child is dependent. The school plays an important part in ego and superego building. In doing so, the school

personnel frequently would like to know how they can help individual children who are not responding to usual methods of education. They are often not in a position to understand causative factors or to know what to do. This is where the help of the social worker is needed.

If you come from a community where there is no program of school social work or one where there are no psychiatric treatment facilities for children, and you are concerned as a social worker with problems of school-age children, your job may be more difficult. In our clinic we see that we can accomplish more, in terms of understanding and of treatment, with the help we get from school social work. We often see the difference this makes to us when we work with schools which have had no such program.

We share with the school social work department in our city a belief that any person who can offer some kind of meaningful relationship or experience for a child should be encouraged in his efforts. We recognize that more than one kind of help needs to be given to the child in difficulty; that more than one person is needed as a helper. We also share in the feeling that a partial solution to a problem is better than no solution. Often a problem is acute and cannot wait for an adequate solution. It may pertain to a child with a special disability or with a bad home situation which appears unmodifiable. Often neither condition exists, and psychiatric treatment or other help is indicated but facilities are not available immediately or at all. Whatever the limiting circumstances may be, the school is often in a position to do something. The solution may be only partial, or it may be a very good one for a particular child, viewed in the light of need or of his situation in the past. We find that teachers do reach children and stimulate them to learn, despite emotional and social problems. The school social worker can often accomplish a good deal, either in her support of the teacher or in other directions. If referral to community agencies or resources is not possible, or is not acceptable to the parents, then often she plays a part in enabling a maladjusted child to remain in school and get something out of it. She might do this through a supportive relationship with a child, through arranging a classroom transfer, or through interpretation and planning with the principal and teacher. If the child is too disturbed to be in school, she might arrange an excuse on psychiatric recommendation until through psychiatric and other help he is able to function again.

We try to select situations in which to work directly with the school personnel where it seems necessary or fruitful to do so. We encounter

a variety of conditions of attitudes and problems. We need some understanding of the goals and philosophy of the school, and are concerned whether basically these are in agreement with ours. We have to form some judgment about this, and also about the flexibility of the school personnel, in order to decide whether cooperative work is possible. If the school is too unready to understand, or to gain understanding and adapt to a reasonable degree to the child's needs, we may feel it is not advantageous to go further in a cooperative effort. Our judgment, however, should not be too hasty.

We may encounter initial resistance on the part of the school toward the child or toward the clinic. We accept responsibility to understand and meet this. We might begin to look for reasons, and they are often found in misconceptions and lack of knowledge on the part of the school about our function and our limitations. It is important that we be aware of and in control of our own attitudes, for we can be impatient with other professional people, especially those who take responsibility for children, who seem unable or slow to understand as readily as we. We also want to be clear as to what we are asking of the school. We must approach the teacher with some appreciation of her job and problems connected with it. We do not prescribe for her, but rather we ask her to share with us. We expect only that she use her best judgment and her abilities in the light of what she can understand about the individual child, and in consideration of her responsibilities toward other children.

School conferences especially call for skill on our part when there is resistance and we have to move quickly. We should be clear about our function and purpose, and as objective as possible in our approach. To conduct a short interview with a teacher and accomplish all we wish in terms of sharing relevant information, assessing the school situation, and interpreting the clinic does place quite a responsibility upon us. Where we can have adequate conference time with the school, or have the help of the school social worker, it is easier. However, we often have to work within the realities of a teacher's time and accomplish quite a lot in a ten- or fifteen-minute interview.

The teacher who has not had experience with clinics or casework agencies may be unsure about our attitudes, objectives, and ways of helping until we convey them to her. Initially, she may feel confused about our attitude toward discipline for children, for example, or may feel we lack appreciation of her pressures or of her responsibility toward the child who functions well, while we want help with the disturbed child.

She may wonder if we expect consideration of the latter out of proportion to the time and energy she can give.

Contact with the clinic may arouse in a teacher some anxiety about her own feelings toward, or mistakes with, a child. Often a teacher will express concern that she is not helping him enough. Sometimes he has made excessive demands of her; yet she feels guilty about her handling and expects that we would feel critical of her. She may be unable to accept realistically her limitations or those of other people with a child. Again she may be unable to recognize her own negative feelings toward the child and because of this is overdoing for him. At times a teacher apologizes for her frank dislike of a pupil. Our sensitivity to her involvement and her concern, and our readiness to reassure her, may relieve her of some of her pressures, and in this way we would help the child.

To be supportive with the overanxious teacher is perhaps easier than to influence the teacher who is apt to place emphasis on moral values and on routines. This teacher might, however, need more explanation and support from us. She is apt not to receive us too cordially, perhaps out of her feeling that we are identified with the child. She may feel, to begin with, that we have no sympathy with discipline. We can encourage her to express her views and to do some thinking about the individual child. We need at least to respect her point of view, even if we do not agree with it; appeal to her sense of logic, while respecting hers more.

We have to make allowance for some realistic differences in role and approach of the school and the clinic. The energies of teachers have to be distributed. The caseworker in a treatment relationship with child or parent is dealing with one person at a time. We have a different position from the school in dealing with resistance and acting out. We more often can permit the child to act out in our presence. The teacher cannot always afford to be as flexible and permissive as we.

Sometimes we make more flexible use of our principles of confidentiality in dealing with the schools. Careful judgment in this is indicated. We are free to use discretion where our working relationship with the school is sound and we have an idea how information would be used. Occasionally, a teacher or principal out of interest or curiosity wants to know more about the child or his family than we think wise or necessary to share. We have to decide how much, in our judgment, to give; but we also must understand that their curiosity is natural.

The use of simple, understandable terminology is important. We

should not use our own professional terminology in discussing a problem or clinical material with the school. We should try to convey what we want so as to help people in their feelings and attitudes toward a child.

The purpose, content, and timing of school conferences need to be considered, and at all times should be related to our treatment activity or goals with parents and child. There should be an understanding of our role with the school between us and the parents and, if possible, between us and the child. Here we observe a basic casework principle in that we do not take over the parental role, but rather work toward strengthening it. We do not use community contacts if in so doing we neglect to utilize strengths in the family.

Timing of school participation is important from the standpoint of need on the part of either the school or clinic, and also in consideration of where we are in our relationship with the parents and the child. It can, if badly timed, imply to the parent that the problem is out of their hands. Delaying a conference with the school might in other instances mean to the parents a lack of interest on our part. If the parents themselves are able to deal successfully with the teacher or school about the problem, they should, of course, be encouraged to do so. Our participation might not be necessary.

School information can be used therapeutically with parents. We can reassure the anxious mother about the child's success in school. Again, we can stimulate more concern about the child on the part of the parent who shows too little. It is often a threat to parents to learn that their children are conforming better at school than at home. We can use this reassuringly, to suggest that the child is not so emotionally damaged; or we may use it to stimulate the parent to face more realistically her relationship with the child. Discussion around these things have all kinds of implications and we need to handle it sensitively.

We can encourage or discourage parent-teacher conferences if we feel either would be helpful or unhelpful. Parents on occasion have become too disturbed from their conferences with the school. We know that some have approached the school too often, and irritations have arisen as a result. Sometimes the clinic has helped to relieve such a situation by giving opportunity for the parent to release hostile feelings in the interview. This can be beneficial to the child in school.

Teachers often help us to understand family problems by their accounts of conferences with parents. Mrs. A. constantly complained

at the clinic about Mr. A.'s punitiveness with Johnny. She made a point of protecting the child at home from his father's aggression. She sought the clinic's support and sympathy in this. We learned from the teacher, however, that Mrs. A. had urged her to report Johnny's misbehavior to his father rather than to her. Having this information helped to confirm some of our impressions about the mother. She had grown up with much concern about the "good" and the "bad" in herself. She both feared and wanted the father's aggression against this child for his "badness," a reflection of what she unconsciously wanted for herself.

Mothers frequently tell us that the teacher has urged them to give special help to their children on homework. Sometimes the mothers report that real pressure has been exerted. Often the help has been suggested by the teacher where we can see that the child's learning problem is related to fear of his own impulses toward the mother. We see the need for him to become more independent of her. In a neurotic parent-child relationship, the mother's help with lessons might only serve to perpetuate the learning problem. At times we can interpret this, in an uncritical way, to the teacher. Helping the mother with this may involve treatment of herself, when she is tutoring the child out of her neurotic need.

In learning problems we often encounter in both the mother and the teacher a reluctance to permit the child to become self-assertive. We may believe he needs to release more aggression as a step toward learning. Such a suggestion, however, may not make sense either to parent or to teacher, or may be a threat to them. Teachers as well as parents may need to help in this situation.

Teachers and social workers still need better understanding of each other's professional philosophy and aims. As we further our working relationship, we will learn not to expect miracles of each other, and perhaps each can better realize his potentialities. Schools of education tend not to prepare their teachers in training to use school and community social work. Under present conditions the responsibility of orientation is often ours. This is an area to which we can give some consideration.

PROBLEMATIC AREAS IN THE INTEGRATION OF THE SCHOOL SOCIAL WORKER CLINIC TEAM

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Because I feel that I do not have the power of Humpty Dumpty to make words mean "exactly what I want them to mean, no more and no less" I shall change the adjective which describes those border areas in which skirmishes may take place or misunderstandings occur, from "problematic" to "amorphous." I do this because I believe that we who are trying to serve the children of a community must, at least until we know more than we now know about causes of social and emotional problems, think of our relationships as fluid, not fitting together like the parts of a jigsaw puzzle but rather flowing together as a fresh river flows into a salt ocean, creating an area which is neither fresh nor salt but may be either.

I hope "amorphous" will mean to you what it means to me, something which is not hard and crystallized but capable of change, rearrangement, and readjustment as situations change and individual or community needs become different.

Moreover, "amorphous," it seems to me, omits all those elements of defensiveness and criticism which bristle though "problematic" and often make us crawl back into our shell of "function," leaving children and parents who need service to bruise themselves hopelessly on the sharp edges of "agency policy".

Now, having set the stage as I want it, I shall omit all the other areas of integration with other community agencies and resources which make the job of the school social worker a constant challenge to ingenuity and imagination and discuss only three of the amorphous areas of integration between the school social worker and the clinic team. The three areas in which I should like to see us all do some more thinking before we get any more fixed ideas are those of finding, focus, and follow-up.

By "finding" I mean the school social worker's finding those cases in her own case load which can effectively be referred for clinic team treatment; the clinic team's finding and selecting at intake those cases which can benefit by some quick ameliorative treatment so that they need not remain on a long waiting list while the problem becomes more intensified

and complex; and all of us finding together ways of helping children with emotional problems but with parents who because of their own problems, social, emotional, or economic, cannot or will not participate in clinic team treatment. Unless the school social worker is skillful in referring for clinic treatment those cases which can be accepted by the clinic, there is much lost motion at clinic intake and much frustration for parents and school personnel who had had high hopes of immediate change. Unless clinic intake can find better ways of providing immediate help for those who can profit by some immediate help, there is much lost motion on the part of the school social worker in preparing parents and children for clinic treatment only to have them disappointed by a long waiting period in which incipient problems become full-grown. And unless all of us who are interested in the welfare of all children in the community develop what Bradley Buell would probably call an epidimiological approach to the mental health of children in the community, we shall continue to produce a much larger crop of children with emotional problems than we shall ever be able to help with all our present services, no matter how skillfully we work to mesh them together.

In speaking of "focus" I refer to the fact that although the goal of the clinic team and the school social worker is the same, service for children, the foci of interest are necessarily different. The clinic team sees the treatment process as necessarily slow and probably, in process, producing some changes in behavior which can be recognized as progress although they may to the lay public seem to be more antisocial, destructive, and disturbing. The school social worker sees the child in the school setting where life must go on from day to day and where the personnel, teachers, and principal, although they are anxious, sometimes overanxious, to cooperate with the clinic's procedures, must be the guardians of the rights of other children and of public property as well as interested observers of treatment in progress. To the clinic worker it may be wonderful that Johnny can now unleash his hostility enough to throw things at the psychiatrist, but it is quite a job for the school social worker to interpret this wonder to the school personnel who get thrown at. Only by a real understanding and acceptance of situation and process of all workers by all others can this area remain amorphous and not become explosive. Clinic teams must know what schools are and why, and school people must know what clinics are and why, in order that cases and feelings may flow back and forth between them and not be damaged by their rough edges.

In the area of "follow-up" we all have the ideal chance for ration-

alizing personal and agency shortcomings both quantitatively and qualitatively. The school social worker under the pressure of immediate problems which must be handled before they disrupt the school is prone to accept the school's judgment on children who are getting along all right and check them off with a sigh of relief until another outbreak precipitates the whole problem again. So with the clinic team the pressure of that bugbear waiting list causes them when treatment is terminated, to forget to keep in touch with the school situation where the evidence of renewed trouble may begin to show itself. The responsibility for follow-up lies in an amorphous area. If we can avoid drawing up a blueprint to apply to all cases and blaming each other when we all neglect follow-up but rather try to provide for follow-up of each individual case, we can keep the area amorphous and keep more children well adjusted.

As you see, I have really not tried to answer many of the questions suggested here for I do not want to crystallize these areas according to my own pattern. I do hope, however, that we can find ways of keeping our relationships fluid so that we can together effectively serve the children of our communities.

MEMBERSHIP

Membership in a professional organization is a strengthening factor for the individual practicing within that profession. This is as true for the school social worker as it has long been for members of other professions. National Association of School Social Workers has members in 38 states and in Hawaii, Puerto Rico and India.

All members receive the National Association of School Social Workers Bulletin and other materials such as Newsletter, book lists, conference programs, notices, and other publicity. Membership is determined by the training and experience of the applicant.

Applications for membership and a statement of membership requirements may be obtained from the Membership Chairman, Mrs. Helen Roell, Indianapolis Public Schools, 150 N. Meridian Street, Indianapolis, Indiana.

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